

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Robert Mazzoli

Mailing Address 806 1st St

City State Zip Code
Steilacoom WA 98388-1706

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 17 / 2013

Transaction ID : 05C6B695-E50E-4B88-A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. James McCaffery

Mailing Address 223 N Guadalupe St PMB 478

City State Zip Code
Santa Fe NM 87501-8597

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self

ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2013

Transaction ID : 785AF1EC-93D6-4098-B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Megan McChesney

Mailing Address 2055 Exchange St Ste 230

City State Zip Code
Astoria OR 97103-3419

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2013

Transaction ID : 533835ED-EA65-4E2F-B

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00